

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		3					54						
5		3					55						
6		①					56						
7		①					57						
8	1						58						
9		1					59						
10		2					60						
11		1					61						
12		2					62						
13		2					63						
14		2					64						
15	1						65						
16		1					66						
17		2					67						
18		2					68						
19		2					69						
20		①					70						
21	1						71						
22	1						72						
23	1						73						
24	1						74						
25		①					75						
26		①					76						
27		①					77						
28	1						78						
29	1						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	30						TOTAL DEP.						
TOTAL CLAIMS	38						TOTAL CLAIMS						

**BEST AVAILABLE COPY**